



United States
Environmental Protection Agency
Washington, DC 20460

☐ Registration
☐ Amendment
☒ Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number Green Trees and Plants Inc./	2. EPA Product Manager Hebert	3. Proposed Classification <input type="checkbox"/> None <input checked="" type="checkbox"/> Restricted
4. Company/Product (Name) Green Trees and Plants Inc./D-Max	PM#	
5. Name and Address of Applicant (Include ZIP Code) Green Trees and Plants Inc. c/o Ag-Chem Consulting 12208 Quinque Lane Clifton VA 20124 <input type="checkbox"/> Check if this is a new address	6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. <u>54555-2</u> Product Name <u>Dormex</u>	

Section - II

<input type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input type="checkbox"/> Notification - Explain below.	<input checked="" type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Revised Data Matrix

Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Metal	
				<input type="checkbox"/> Plastic	
				<input type="checkbox"/> Glass	
				<input checked="" type="checkbox"/> Paper	
				<input type="checkbox"/> Other (Specify) _____	
* Certification must be submitted					
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 40,20,9,4,3,6,1 lb		5. Location of Label Directions <input checked="" type="checkbox"/> On labeling with product	
6. Manner in Which Label is Affixed to Product <input checked="" type="checkbox"/> Lithograph <input checked="" type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled		<input type="checkbox"/> Other _____			

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)					
Name Dr. Matthew Brooks		Title Director, Ag-Chem Consulting		Telephone No. (Include Area Code) 703-266-0128	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.					6. Date Application Received (Stamped)
2. Signature 		3. Title Director, Ag-Chem Consulting			
4. Typed Name Matthew Brooks		5. Date July 17, 2007			



United States
Environmental Protection Agency
Washington, DC 20460

Registration
Amendment
Other

OPP Identifier Number

528

Application for Pesticide - Section I

1. Company/Product Number Green Trees and Plants II LLC./ 84374-R		2. EPA Product Manager Tony Kish	3. Proposed Classification <input type="checkbox"/> None <input checked="" type="checkbox"/> Restricted
4. Company/Product (Name) Green Trees and Plants II LLC./DuoMax		PM#	
5. Name and Address of Applicant (Include ZIP Code) Green Trees and Plants II LLC. c/o Ag-Chem Consulting 12208 Quinque Lane Clifton VA 20124 <input checked="" type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. 54555-2 Product Name Dormex	

Section - II

<input type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input checked="" type="checkbox"/> "Me Too" Application.
<input type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

New End Use product using unregistered source

Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Metal	
* Certification must be submitted				<input type="checkbox"/> Plastic	
	If "Yes" Unit Packaging wgt.	No. per container	If "Yes" Package wgt	<input checked="" type="checkbox"/> Glass	
			No. per container	<input type="checkbox"/> Paper	
				<input type="checkbox"/> Other (Specify) _____	
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 55 gallon		5. Location of Label Directions <input checked="" type="checkbox"/> On labeling with product	
6. Manner in Which Label is Affixed to Product <input checked="" type="checkbox"/> Lithograph Paper glued Stenciled			<input type="checkbox"/> Other _____		

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)					
Name Dr. Matthew Brooks		Title Director, Ag-Chem Consulting		Telephone No. (Include Area Code) 703-266-0128	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.					6. Date Application Received (Stamped)
2. Signature 		3. Title Director, Ag-Chem Consulting			
4. Typed Name Matthew Brooks.		5. Date May 16, 2007			



Please read instructions on reverse before completing form.

Form Approved OMB No. 2070-0060, Approval expires 2-28-95



United States
Environmental Protection Agency
Washington, DC 20460

☐ Registration
☒ Amendment
☐ Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number Green Trees and Plants II LLC/84374-1	2. EPA Product Manager Tony Kish	3. Proposed Classification <input type="checkbox"/> None <input checked="" type="checkbox"/> Restricted
4. Company/Product (Name) Green Trees and Plants Inc./D-Max	PM# 22	
5. Name and Address of Applicant (Include ZIP Code) Green Trees and Plants II 250 Lawrence St. Marietta GA 30060 <input type="checkbox"/> Check if this is a new address	6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. 54555-2 Product Name Dormex	

Section - II

<input checked="" type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Amendment to increase rate of use on blueberries to 3%. Rate is already approved on me-too product.
Amendment to revise storage and disposal according to PR Notice 2007-4.

Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input checked="" type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____		
* Certification must be submitted		If "Yes" Unit Packaging wgt.	No. per container	If "Yes" Package wgt	No. per container
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 1.25, 5, 55 gallon		5. Location of Label Directions <input checked="" type="checkbox"/> On labeling with product	
6. Manner in Which Label is Affixed to Product <input checked="" type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled		<input type="checkbox"/> Other _____			

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)					
Name Dr. Matthew Brooks		Title Director, Ag-Chem Consulting		Telephone No. (Include Area Code) 703-266-0128	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.					6. Date Application Received (Stamped)
2. Signature 		3. Title Director, Ag-Chem Consulting			
4. Typed Name Matthew Brooks		5. Date January 9, 2012			



Please read instructions on reverse before completing form.

Form Approved. OMB No. 2070-0060. Approval expires 2-28-95



United States
Environmental Protection Agency
Washington, DC 20460

☐ Registration
☐ Amendment
☒ Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number Green Trees and Plants Inc./84374-1	2. EPA Product Manager Kish	3. Proposed Classification <input type="checkbox"/> None <input checked="" type="checkbox"/> Restricted
4. Company/Product (Name) Green Trees and Plants Inc./Duomax	PM# 22	
5. Name and Address of Applicant (Include ZIP Code) Green Trees and Plants Inc. c/o Ag-Chem Consulting 12208 Quinque Lane Clifton VA 20124 <input type="checkbox"/> Check if this is a new address	6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. NOTIFICATION Product Name MAY 15 2009	

Section - II

<input type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input checked="" type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Notification of Additional Brand Name--BudPro

This notification is consistent with the provisions of PR Notice 98-10 and EPA regulations at 40CFR 152.46, and no other changes have been made to the labeling or the confidential statement of formula of this product. I understand that it is a violation of 18 U.S.C. Sec 1001 to willfully make any false statement to EPA. I further understand that if this notification is not consistent with the terms of PR Notice 98-10 and 40CFR152.46, this product may be in violation of FIFRA and I may be subject to enforcement action and penalties under sections 12 and 14 of FIFRA.

Section - III

1. Material This Product Will Be Packaged In:

Child-Resistant Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Type of Container <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input checked="" type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____
* Certification must be submitted		If "Yes" Unit Packaging wgt. No. per container	If "Yes" Package wgt No. per container

3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container	4. Size(s) Retail Container 40,20,9,4,3.6,1 lb	5. Location of Label Directions <input checked="" type="checkbox"/> On labeling with product
6. Manner in Which Label is Affixed to Product <input checked="" type="checkbox"/> Lithograph Paper glued Stenciled <input type="checkbox"/> Other _____		

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)

Name Dr. Matthew Brooks	Title Director, Ag-Chem Consulting	Telephone No. (Include Area Code) 703-266-0128
----------------------------	---------------------------------------	---

Certification

I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete.
I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment of both under applicable law.

2. Signature 	3. Title Director, Ag-Chem Consulting	6. Date Application Received (Stamped)
4. Typed Name Matthew Brooks	5. Date March 31, 2009	



United States
Environmental Protection Agency
Washington, DC 20460

☐ Registration
☐ Amendment
☒ Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number Green Trees and Plants II LLC/84374-1	2. EPA Product Manager Tony Kish	3. Proposed Classification <input type="checkbox"/> None <input checked="" type="checkbox"/> Restricted
4. Company/Product (Name) Green Trees and Plants Inc./Duomax	PM# 22	
5. Name and Address of Applicant (Include ZIP Code) Green Trees and Plants II LLC c/o Ag-Chem Consulting 12208 Quinque Lane Clifton VA 20124 <input type="checkbox"/> Check if this is a new address	6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____	

Section - II

<input type="checkbox"/> Amendment - Explain below.	<input checked="" type="checkbox"/> Final printed labels in response to Agency letter dated March 27, 2008
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input checked="" type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Revised Final Labeling

This notification is consistent with the provisions of PR Notice 98-10 and EPA regulations at 40CFR 152.46, and no other changes have been made to the labeling or the confidential statement of formula of this product. I understand that it is a violation of 18 U.S.C. Sec 1001 to willfully make any false statement to EPA. I further understand that if this notification is not consistent with the terms of PR Notice 98-10 and 40CFR152.46, this product may be in violation of FIFRA and I may be subject to enforcement action and penalties under sections 12 and 14 of FIFRA.

Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input checked="" type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____		
* Certification must be submitted		If "Yes" Unit Packaging wgt.	No. per container	If "Yes" Package wgt.	No. per container
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 40,20,9,4,3,6,1 lb		5. Location of Label Directions <input checked="" type="checkbox"/> On labeling with product	
6. Manner in Which Label is Affixed to Product <input checked="" type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled		<input type="checkbox"/> Other _____			

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)		
Name Dr. Matthew Brooks	Title Director, Ag-Chem Consulting	Telephone No. (Include Area Code) 703-266-0128
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.		Date Application Received (Stamped)
2. Signature 	3. Title Director, Ag-Chem Consulting	
4. Typed Name Matthew Brooks	5. Date April 4, 2008	



United States
Environmental Protection Agency
Washington, DC 20460

☐ Registration
☐ Amendment
☒ Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number Green Trees and Plants Inc./84374-1	2. EPA Product Manager Tony Kish	3. Proposed Classification <input type="checkbox"/> None <input checked="" type="checkbox"/> Restricted
4. Company/Product (Name) Green Trees and Plants Inc./D-Max	PM# 22	
5. Name and Address of Applicant (Include ZIP Code) Green Trees and Plants Inc./Co Ag-Chem Consulting 12208 Quinque Lane Clifton, VA 20124 <input type="checkbox"/> Check if this is a new address	6. Expedited Review. In accordance with FIFRA Section 3(c)(3)(b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____	

NOTIFICATION

JAN 30 2009

Section - II

<input type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input checked="" type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Alternate formulation with a different source facility. Product registration was already conducted for utilization of unregistered sources. This notification is consistent with the provisions of PR Notice 98-10 and EPA regulations at 40CFR 152.46, and no other changes have been made to the labeling or the confidential statement of formula of this product. I understand that it is a violation of 18 U.S.C. Sec 1001 to willfully make any false statement to EPA. I further understand that if this notification is not consistent with the terms of PR Notice 98-10 and 40CFR152.46, this product may be in violation of FIFRA and I may be subject to enforcement action and penalties under sections 12 and 14 of FIFRA.

Section - III

1. Material This Product Will Be Packaged In:

Child-Resistant Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Type of Container <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input checked="" type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____
* Certification must be submitted	If "Yes" Unit Packaging wgt. No. per container	If "Yes" Package wgt No. per container	

1. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container	4. Size(s) Retail Container 40,20,9,4,3.6,1 lb	5. Location of Label Directions <input checked="" type="checkbox"/> On labeling with product
2. Manner in Which Label is Affixed to Product <input checked="" type="checkbox"/> Lithograph Paper glued Stenciled <input type="checkbox"/> Other _____		

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)

Name Dr. Matthew Brooks	Title Director, Ag-Chem Consulting	Telephone No. (Include Area Code) 703-266-0128
----------------------------	---------------------------------------	---

Certification

I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

3. Signature 	3. Title Director, Ag-Chem Consulting	6. Date Application Received (Stamped) JAN 30 2009
4. Typed Name Matthew Brooks	5. Date October 29, 2008	



United States
Environmental Protection Agency
Washington, DC 20460

☐ Registration
☐ Amendment
☒ Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number Green Trees and Plants II LLC/84374-1	2. EPA Product Manager Tony Kish	3. Proposed Classification <input type="checkbox"/> None <input checked="" type="checkbox"/> Restricted
4. Company/Product (Name) Green Trees and Plants Inc./DuoMax	PM# 22	
5. Name and Address of Applicant (Include ZIP Code) Green Trees and Plants II 250 Lawrence St. Marietta GA 30060 <input type="checkbox"/> Check if this is a new address	6. Expedited Review. In accordance with FIFRA Section 3(c)(3)(b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. 54555-2 Product Name Dormex	

Section - II

<input type="checkbox"/> Amendment - Explain below.	<input checked="" type="checkbox"/> Final printed labels in response to Agency letter dated April 30, 2012
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input checked="" type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Notification of final printed label

This notification is consistent with the provisions of PR Notice 98-10 and EPA regulations at 40CFR 152.46, and no other changes have been made to the labeling or the confidential statement of formula of this product. I understand that it is a violation of 18 U.S.C. Sec 1001 to willfully make any false statement to EPA. I further understand that if this notification is not consistent with the terms of PR Notice 98-10 and 40CFR152.46, this product may be in violation of FIFRA and I may be subject to enforcement action and penalties under sections 12 and 14 of FIFRA.

Section - III

1. Material This Product Will Be Packaged In:

Child-Resistant Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Type of Container <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input checked="" type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____
* Certification must be submitted		If "Yes" Unit Packaging wgt. No. per container	If "Yes" Package wgt No. per container
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 1.25, 5, 55 gallon	
5. Location of Label Directions <input checked="" type="checkbox"/> On labeling with product		6. Manner in Which Label is Affixed to Product <input checked="" type="checkbox"/> Lithograph Paper, glued <input type="checkbox"/> Stenciled <input type="checkbox"/> Other _____	

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)			
Name Dr. Matthew Brooks		Title Director, Ag-Chem Consulting	
		Telephone No. (Include Area Code) 703-266-0128	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received (Stamped)
2. Signature 		3. Title Director, Ag-Chem Consulting	
4. Typed Name Matthew Brooks		5. Date June 12, 2012	



United States
Environmental Protection Agency
Washington, DC 20460

Registration
Amendment
Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number Green Trees and Plants II LLC/84374-1	2. EPA Product Manager Tony Kish	3. Proposed Classification <input type="checkbox"/> None <input checked="" type="checkbox"/> Restricted
4. Company/Product (Name) Green Trees and Plants Inc./DuoMax	PM# 22	
5. Name and Address of Applicant (Include ZIP Code) Green Trees and Plants II 250 Lawrence St. Marietta GA 30060 <input type="checkbox"/> Check if this is a new address	6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. 54555-2 Product Name Dormex	

Section - II

<input checked="" type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Amendment to add use on blackberries and revise direction for use to match Dormex label.

This notification is consistent with the provisions of PR Notice 98-10 and EPA regulations at 40CFR 152.46, and no other changes have been made to the labeling or the confidential statement of formula of this product. I understand that it is a violation of 18 U.S.C. Sec 1001 to willfully make any false statement to EPA. I further understand that if this notification is not consistent with the terms of PR Notice 98-10 and 40CFR152.46, this product may be in violation of FIFRA and I may be subject to enforcement action and penalties under sections 12 and 14 of FIFRA.

Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Metal	
* Certification must be submitted				<input type="checkbox"/> Plastic	
	If "Yes" Unit Packaging wgt.	No. per container	If "Yes" Package wgt	<input checked="" type="checkbox"/> Glass	
				<input type="checkbox"/> Paper	
				<input type="checkbox"/> Other (Specify) _____	
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 1.25, 5, 55 gallon		5. Location of Label Directions <input type="checkbox"/> On labeling with product	
6. Manner in Which Label is Affixed to Product <input checked="" type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled			<input type="checkbox"/> Other _____		

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)			
Name Dr. Matthew Brooks	Title Director, Ag-Chem Consulting	Telephone No. (Include Area Code) 703-266-0128	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment both under applicable law.			6. Date Application Received (Stamped)
2. Signature 	3. Title Director, Ag-Chem Consulting		
4. Typed Name Matthew Brooks	5. Date March 29, 2012		



United States
Environmental Protection Agency
Washington, DC 20460

☐ Registration
☐ Amendment
☒ Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number Green Trees and Plants II LLC/84374-1	2. EPA Product Manager Tony Kish	3. Proposed Classification <input type="checkbox"/> None <input checked="" type="checkbox"/> Restricted
4. Company/Product (Name) Green Trees and Plants Inc./D-Max	PM# 22	
5. Name and Address of Applicant (Include ZIP Code) Green Trees and Plants II 250 Lawrence St. Marietta GA 30060 <input type="checkbox"/> Check if this is a new address	6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. 54555-2 Product Name Dormex	

Section - II

<input type="checkbox"/> Amendment - Explain below.	<input checked="" type="checkbox"/> Final printed labels in response to Agency letter dated Feb 28 2012
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input checked="" type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Notification of final printed label.

This notification is consistent with the provisions of PR Notice 98-10 and EPA regulations at 40CFR 152.46, and no other changes have been made to the labeling or the confidential statement of formula of this product. I understand that it is a violation of 18 U.S.C. Sec 1001 to willfully make any false statement to EPA. I further understand that if this notification is not consistent with the terms of PR Notice 98-10 and 40CFR152.46, this product may be in violation of FIFRA and I may be subject to enforcement action and penalties under sections 12 and 14 of FIFRA.

Section - III

1. Material This Product Will Be Packaged In:

Child-Resistant Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Type of Container <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input checked="" type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____
* Certification must be submitted		If "Yes" Unit Packaging wgt. No. per container	If "Yes" Package wgt. No. per container

3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container	4. Size(s) Retail Container 1.25, 5, 55 gallon	5. Location of Label Directions <input checked="" type="checkbox"/> On labeling with product
6. Manner in Which Label is Affixed to Product <input checked="" type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled		<input type="checkbox"/> Other _____

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)

Name Dr. Matthew Brooks	Title Director, Ag-Chem Consulting	Telephone No. (Include Area Code) 703-266-0128
----------------------------	---------------------------------------	---

Certification

I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

6. Date Application Received
(Stamped)

2. Signature 	3. Title Director, Ag-Chem Consulting
4. Typed Name Matthew Brooks	5. Date March, 7, 2012